

1743



CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

**RECEIVED
OCT 22 2003
TC 1700**

on 10.14.03

Gloria Simmons
Gloria Simmons

In Re Application of:

Roback, et al.

Serial No.: 09/773,826

Filed: January 31, 2001

Confirmation No.: 7152

Group Art Unit: 1743

Examiner: Patricia Bex

Docket No.: 050508-1030

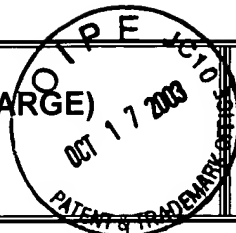
For: **Immunology Assay System and Method**

The following is a list of documents enclosed:

Return Postcard
Response to Restrict Requirement
Amendment Transmittal Form

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AMENDMENT TRANSMITTAL LETTER (LARGE)



Docket No.

050508-1030

Applicant(s): Roback, et al.

Serial No.
09/773,826

Filing Date
January 31, 2001

Examiner
Patricia Bex

Confirmation No.
7152

Group Art Unit
1743

Invention: Immunology Assay System and Method

Commissioner for Patents
Mail Stop Non-Fee Amendment
P.O. Box 1450
Alexandria VA 22313-1450

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Transmitted herewith is Response to Restriction Requirement in the above-identified application.

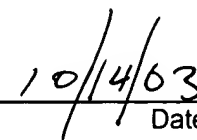
The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16 -	29 =	0	X \$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	X \$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$290.00	\$0.00
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> 55.00	2 ND MONTH <input type="checkbox"/> 210.00	3 RD MONTH <input type="checkbox"/> 475.00	4 TH MONTH <input type="checkbox"/> 740.00	\$0.00
Other Fees:					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for the Response to Restriction Requirement.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778. A duplicate copy of this page is enclosed.


Cynthia J. Lee, Reg. No. 46,033


Date